PLACE OF BIRTH			
1. County of Maricapa	ARIZONA STATE BOARD OF HEALTH		
District of Mesa, Town of Mesa	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH		State Index No. 337 County Registrar No.
City of Musa	No		Local Registrar No. 129
2. Full name of child	(If birth occurred in a NW XEC	nospital or institution, give	its NAME instead of street and number)
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or o	ther 6. Legitimate?	7. Date of birth
8. FATHER Full name Olm 1 mg Child an	- Los	14. Full maiden name	MOTHER
(South place of abode)	lsa)	15. Residence (Usual place of al	ma Flnessa Angulo mesas
If nonresident, give place and state	aryona.		face and state Alyona
01/1	birthday 52 (Years)	21 Mite	17. Age at last birthday 4 (Years)
12. Birthplace (city or place) Mew	•	18. Birthplace (city or p	
(State or country) 13. Occupation (State or country) (Appendix	mni.	(State or country)	<u>Ganama</u>
Nature of industry		Nature of industry	Vousewife
20. Number of children of this mother) (a)	Born slive and now	living 21. Were p	recautions taken against spå-
(Taken as of time of birth of child herein (b) certified and including this child.)) Born alive but now d	end thalmia	neonatorum?
CERTIFICA	TE OF ATTENDING	PHYSICIAN, OR MID	WIFE*
hereby certify that I attended the birth of t	his child, who was	n alive or stillborn	at Sivul.m. on the date above stated,
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child	Signature	11 00	Grown
glevidences of life after birth. Siven name added from	Address	Usa, Wi	(Physician or midwife)
supplemental report Month, day, year.	Filed	2-4, 1928 0	Local Registrar.
Registrar.	Filed	19.,	***************************************
735-118-11	6		County Registrar.

(3)